



U.S. Department
of Transportation
National Highway
Traffic Safety
Administration

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET:www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received

Repository

27-DEC-2005

Reference No.
10146139

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City SALEM State IL Zip Code [REDACTED]

Daytime Telephone Number [REDACTED]

E-mail Address

Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner [REDACTED] Date 1/11/06

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
4S2DM58W0Y4 [REDACTED] Make ISUZU Model RODEO Model Year 2000
Date Purchased 14-JUL-00 Dealer's Name and Telephone Number MEYERS ISUZU Engine: No: Cylinders 6 Fuel Type: Gas
Original Owner Dealer's City BELLEVILLE State IL Zip Code [REDACTED]
Transmission Type AUTOMATIC Antilock Brakes Cruise Control Powertrain 4 WHEEL DRIVE Vehicle Component Code 221200 SEATS:FRONT ASSEMBLY:RECLINER
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 16-DEC-2005 Failure Mileage 132000 Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make Tire Model (Name or Number) Tire Size (Example P215/65R15)
DOT No. (Example: DOTM19ABC036) Original Equipment Prior Repair Failure Location:
Tire Component Code Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: Date Manufactured: Model No./Name:
Seat Type: Installation System:
Child Seat Component Code: Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies).)

Crash Yes No Fire Yes No Number of Persons Injured 2 Number of Deaths Reported to Police Y

Narrative Description of Incident(S), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e. parts repaired or replaced (and if old part is available).

DT: THE CONTACT STATED WHEN THE VEHICLE WAS REAR ENDED THE BACKS OF BOTH FRONT SEATS FAILED. BOTH SEATS FELL, CAUSING INJURIES TO BOTH THE DRIVER AND PASSENGER. THE SEAT BELTS WERE USED AT THE TIME OF THE ACCIDENT. THE DRIVER WAS THROWN INTO THE BACK SEAT WHICH CAUSED DAMAGE TO THE BACK SEAT. THE PASSENGER HIT THE SUN ROOF AND SIDE WINDOW. THE SPEED AT WHICH THE VEHICLE WAS HIT WAS UNKNOWN. THE VEHICLE WAS TOTALED, AND HAS NOT BEEN INSPECTED. A POLICE REPORT WAS TAKEN AT THE SCENE. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974-Public Law 93-579 This information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond this questionnaire. Your response may be used to assist the NHTSA in determining whether a Manufacturer should take appropriate action to correct a safety defect. If the NHTSA proceeds with administrative enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.

PFaff, GARNER & TERLIZZI

ATTORNEYS

202 West Schwartz

SALEM, ILLINOIS 62881

TELEPHONE (618) 548-3306

FAX (618) 548-3335

E-Mail: pgtlaw@ussonet.net

William A. Miller

(1902 -1975)

Alfred S. Pfaff

(1910-1988)

**DAVID E. GARNER
ERIC L. TERLIZZI**

February 3, 2006

Alberto A. Jimenez, Chief
Correspondence Research Division
U. S. Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-216
400 7th Street, SW
Washington, DC 20590

Re: [REDACTED]

Dear Mr. Jimenez:

I represent [REDACTED] and [REDACTED] with respect to their auto accident of December 15, 2005.

Enclosed find Vehicle Owner's Questionnaire that has been completed by my clients, along with a copy of the police report of the aforesaid accident and pictures of their 2000 Isuzu Rodeo what was involved in the accident.

Please contact the undersigned for any additional information you may desire.

Sincerely,


Eric L. Terlizzi

ELT:pq

Encls.

ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 1 Sheets



* 1 2 8 8 6 4 2 *

DRAC	PEDV	TRFD	TRFC	WEAT	DRVA	VIS	VEHD	LHGT	COLL	MANN	PPA	PPL
U1	X	1	1	1	2	U1	U2	4	11	U1	4	X

INVESTIGATING AGENCY: **MARION COUNTY SHERIFF**

TYPE OF REPORT: ON SCENE NOT ON SCENE AMENDED

A No Injury / Drive Away B Injury and / or Tow Due To Crash

AGENCY CRASH REPORT NO. **05/2605**

ADDRESS NO. _____ HIGHWAY or STREET NAME: **ST RT 101**

CITY/TOWNSHIP (Circle One): **RACON**

COUNTY: **MARION**

INTERSECTION RELATED: Yes No

PRIVATE PROPERTY: Yes No

HIT & RUN: Yes No

DATE OF CRASH: **12/16/05** TIME: **6:18** AM PM

ANY SINGLE VEHICLE/PROPERTY DAMAGED OVER \$500: Yes No

NUMBER MOTOR VEHICLES INVLD: **2**

NAME (LAST, FIRST, M.I.): _____ DRIVER PED PEDAL EQUUS NMV NCV

DATE OF BIRTH: _____ MAKE: **GMC** MODEL: **YUKON** YEAR: **02**

SEX: **M** SAFT: **2** AIR: **1** INJURY: **0** EJECT: **1** VIN: **1GREG116272J**

CITY: **CARLYLE** STATE: **IL** ZIP: _____

VEHICLE OWNER (LAST, FIRST M.I.): **SAME**

INSURANCE CO.: **AMERICAN FAMILY MUTUAL**

NAME (LAST, FIRST, M.I.): _____ DRIVER PED PEDAL EQUUS NMV

DATE OF BIRTH: _____ MAKE: **ISUZU** MODEL: **RODEO** YEAR: **00**

SEX: **M** SAFT: **2** AIR: **9** INJURY: **B** EJECT: **1** VIN: **4S2DM581004**

CITY: **SALEM** STATE: **IL** ZIP: _____

VEHICLE OWNER (LAST, FIRST M.I.): **SAME**

INSURANCE CO.: **AMERICAN INTERNATIONAL SOUTH**

UNIT	SEAT	DOB	SEX	SAFT	AIR	INJ	EJECT	PASSENGERS & WITNESSES ONLY (NAME) / (ADDR) / (TEL)	(HOSP)	(EMS)
2	3	8/2/51	F	2	9	B	1	SALEM	SALEM ER	MARION CO (745
		/ /								
		/ /								
		/ /								
		/ /								

(EVNO)	(MOST)	(EVNT)	(LOC)	DAMAGED PROPERTY OWNER NAME	DAMAGED PROPERTY	CONTRIBUTORY CAUSE(S)	POSTED SPEED LIMIT
1	<input checked="" type="checkbox"/>	11	1	PROPERTY OWNER ADDRESS	CITY STATE ZIP	PRIMARY: 28	
2	<input type="checkbox"/>			ARREST NAME	SECTION: 11-601(c)	SECONDARY: 03	
3	<input type="checkbox"/>			ARREST NAME	CITATION NO.: 4163		
1	<input checked="" type="checkbox"/>	11	1	OFFICER ID.: 101-10	SIGNATURE: <i>John...</i>	DATE POLICE NOTIFIED: 12/16/05	TIME NOTIFIED: 6:18 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
2	<input type="checkbox"/>	29	2	BEAT / DIST.	SUPERVISOR ID.	COURT DATE: 1/23/06	COURT TIME: 9:00 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
3	<input type="checkbox"/>						

TRPW: **2**

VEHT: **U1 15**

U2: **15**

NO. LANES: **2**

ALGN: **1**

RSUR: **1**

VEHU: **U1 2**

U2: **2**

RDEF: **1**

BAC: **U1 96**

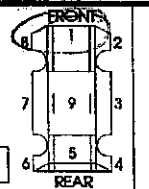
U2: **96**

NO. OCCS: **U1 1**

U2: **2**

DIRP: **U1 7**

U2: **7**



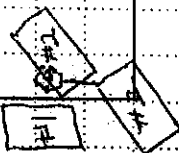
P1201

*IF YES TO HAZMAT SPILL OR COM VEH ABOVE, COMPLETE COMMERCIAL VEHICLE AREA ON BACK OF FORM

SR 1050 500M (REPRINT 1004)

1288642

DIAGRAM



MOUNT MOREHEAD RD

RT 101

INDICATE NORTH
BY ARROW

COMMERCIAL VEHICLE UNIT NO.

CARRIER NAME	SOURCE	
ADDRESS	<input type="checkbox"/> Side of truck	
	<input type="checkbox"/> Papers	
	<input type="checkbox"/> Driver	
	<input type="checkbox"/> Log Book	
CITY	STATE	ZIP
ID NUMBER	GVWR	
US DOT	ICCMC	
or State No.	State Name <input type="checkbox"/> None	
HAZARDOUS MATERIALS: PLACARDED? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes: 4-Digits _____ 1-Digit _____ or Name _____		
Hazardous cargo released from truck? (do not count fuel from vehicle fuel tank) Y N Unk		
Violation of HAZMAT regs. contribute to crash? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Violation of MCS regs. contribute to crash? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Inspection form completed? Form No. _____		
- HAZMAT <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk Out of Service? <input type="checkbox"/> Y <input type="checkbox"/> N		
- MCS <input type="checkbox"/> Out of Service? <input type="checkbox"/> <input type="checkbox"/>		
IDOT PERMIT #	WIDE LOAD	<input type="checkbox"/> Y <input type="checkbox"/> N
TRAILER WIDTH(S)	TRAILER LENGTH(S) - ft	VEHICLE LENGTH (TOTAL) - ft
Trailer 1 <input type="checkbox"/> 0-96" <input type="checkbox"/> 97-102" <input type="checkbox"/> Over 102"	Trailer 1 _____	NO. OF AXLES
Trailer 2 <input type="checkbox"/>	Trailer 2 _____	

IN CITY OF / NEAREST CITY: _____ Miles N E S W of: (Circle)

INSERT APPLICABLE NUMBERS FROM CHOICES ON BACK OF TEMPLATE TWO

VEHICLE CONFIGURATION _____ CARGO BODY TYPE _____ LOAD TYPE _____

COMMERCIAL VEHICLE UNIT NO.

CARRIER NAME	SOURCE	
ADDRESS	<input type="checkbox"/> Side of truck	
	<input type="checkbox"/> Papers	
	<input type="checkbox"/> Driver	
	<input type="checkbox"/> Log Book	
CITY	STATE	ZIP
ID NUMBER	GVWR	
US DOT	ICCMC	
or State No.	State Name <input type="checkbox"/> None	
HAZARDOUS MATERIALS: PLACARDED? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes: 4-Digits _____ 1-Digit _____ or Name _____		
Hazardous cargo released from truck? (do not count fuel from vehicle fuel tank) Y N Unk		
Violation of HAZMAT regs. contribute to crash? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Violation of MCS regs. contribute to crash? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Inspection form completed? Form No. _____		
- HAZMAT <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk Out of Service? <input type="checkbox"/> Y <input type="checkbox"/> N		
- MCS <input type="checkbox"/> Out of Service? <input type="checkbox"/> <input type="checkbox"/>		
IDOT PERMIT #	WIDE LOAD	<input type="checkbox"/> Y <input type="checkbox"/> N
57 TRAILER WIDTH(S)	TRAILER LENGTH(S) - ft	VEHICLE LENGTH (TOTAL) - ft
Trailer 1 <input type="checkbox"/> 0-96" <input type="checkbox"/> 97-102" <input type="checkbox"/> Over 102"	Trailer 1 _____	NO. OF AXLES
Trailer 2 <input type="checkbox"/>	Trailer 2 _____	

IN CITY OF / NEAREST CITY: _____ Miles N E S W of: (Circle)

INSERT APPLICABLE NUMBERS FROM CHOICES ON BACK OF TEMPLATE TWO

VEHICLE CONFIGURATION _____ CARGO BODY TYPE _____ LOAD TYPE _____

NARRATIVE (Refer to vehicle by Unit No.)

UNIT #1 WAS FOLLOWING UNIT #2 WESTBOUND ON RT 101
 UNIT #2 SLOWED TO TURN NORTH ON MOUNT MOREHEAD
 UNIT #1 STRUCK UNIT #2 IN REAR & PUSHED IT OFF
 ROADWAY ON NORTHWEST CORNER OF INTERSECTION KNOCKING
 OVER STOP SIGN.

LOCAL USE ONLY

U1 Color

U2 Color

U1 Towed by / to

U2 Towed by / to



